

# HENDERSON COLLEGE

## BUS 2018

- All families requesting the Henderson Bus services must complete a **new** Bus Usage form each year.
- Student collection and drop-off times are to be advised prior to the first day of each new school year or new term.
- Please lodge your application prior to the start of the Christmas break.

	<u>Full-time (per term)</u>	* <u>Part-time (per term)</u>
1 Child	\$255.00	\$165.00
2 Children	\$435.00	\$250.00
3 Children	\$530.00	\$310.00
4 or more Children	\$620.00	\$375.00

- **Part-time:** one way travel or half time usage
- **Casual:** dependent on availability, \$4 per trip (please note when your child travels on the bus for 3 or more times a week this will convert to the Part-time rate as described above)
- **Conveyance Allowance:** There is no change to those who currently receive Conveyance Allowance unless you have changed address or your child is transitioning from Year 6 to 7. Please check on **bing maps** to see if you are more than the required 4.8kms for eligibility.
- Please make cheques payable to '**Henderson College Bus Account**'
- To pay by **internet banking** please use the following details:
  - Account Name:** Henderson College Bus Account
  - BSB:** 033-242
  - Account Number:** 476483

# STUDENT TRAVEL DETAILS

The following information is needed to ensure your child/ren are picked up and dropped off at the correct location. Please note that when your child is booked to catch the bus on a full or part-time basis, and your child misses a day, you will still be charged the full rate.

For **daily AM** changes for your child please contact the bus driver responsible for your route.

For **daily PM** and **all other changes** please contact Henderson College 5024 5192.

**If students reside at more than one address, a calendar of dates for each residence must be provided to the office.**

Route: Mildura Bus Driver Phone 0427 235 171

Route: Red Cliffs Run Bus Driver Phone 0401 588 611

PARENT CONTACT	NAME:		
PHONE	MB:	WK/HM:	
EMERGENCY CONTACT	NAME:	MB:	
STUDENT NAME/S	1.	2.	
	3.	4.	
	5.	6.	
COLLECTION ADDRESS (street address only please)			OFFICE USE  RC/MDA
RETURN ADDRESS (street address only please)			OFFICE USE  RC/MDA
BUS USAGE	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> CASUAL (please tick)		
CONVEYANCE APPLICATION LODGED	<input type="checkbox"/> YES <input type="checkbox"/> NO <small>NB: Eligibility is a residence more than 4.8kms from school</small>		<input type="checkbox"/> Pay to Bus Account <input type="checkbox"/> Pay to Fee Account

I  have read and understand the fee agreement and acknowledge that I am responsible to pay fees by the due date.

Signature:  Date:

OFFICE USE ONLY			
TERM 1	TERM 2	TERM 3	TERM 4
BATCH #	BATCH #	BATCH #	BATCH #
DATE	DATE	DATE	DATE